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APPLICANTS

TOMOYUKI ASANO, KANAGAWA, JAPAN;
 None INN

** CONTINUING DATA *****

Yes INN

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
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ADDRESS

SONNENSCHEIN NATH & ROSENTHAL LLP
 P.O. BOX 061080
 WACKER DRIVE STATION, SEARS TOWER
 CHICAGO, IL 60606-1080
 UNITED STATES

TITLE

CHARGING SYSTEM AND CHARGING METHOD

FILING FEE RECEIVED 2090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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